California MEDICINE

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EDITORIAL

Future Physician Recruitment

IN ADOPTING A PROGRAM of scholarships for secondary school students and college undergraduates and of loans for students in medical schools, the House of Delegates of the American Medical Association at its mid-winter meeting strengthened the hand of the medical profession for the bidding it must do to persuade the best qualified students to take up the study of medicine.

This program grew out of studies that were begun when medical leaders became aware that with population growing apace and the relative number of competent students seeking medical training declining, a shortage of physicians appeared to be in the making. We in California, where growth in population is a pressing fact and where we have five medical schools seeking apt students for enrollment, must have particular concern with this problem.

Traditionally bound to maintain both the quality and the adequacy of supply of medical care, the A.M.A. set a Special Study Committee of the Council on Medical Education and Hospitals to the task of finding out what the future needs in this regard are likely to be and how to meet them.

From its investigations the committee concluded:

There is a decline in the number and quality of eligible college students manifesting a serious interest in medicine as a career.

This apparent shift away from medicine is due in part to the high cost in time and money of securing a medical education.

The trend has been heightened by a dramatic emphasis on careers in science and engineering which are stressed by the urgency of certain domestic and international issues.

The cost of post-baccalaureate education in other sciences is usually much less than the cost of a medical education.

An affluence of scholarships, fellowships and other financial aids for graduate students in many fields is in striking contrast to a relative paucity of similar financial assistance available to students in medicine.

These circumstances weaken the appeal of medical education at a time when it is predicted that the national population will be increased by as much as 55 million in 15 years.

To help bring the medical profession into a better competitive position for attracting students of the kind needed to make good physicians, the committee proposed two interrelated programs. One of them is a simple plan for giving medical students borrowing power to finance their education once they are enrolled in medical school. The other, a student honors program, is potentially a factor that can be of much greater importance in the recruitment of the kind and the number of students the medical profession would like to prepare for physicianship, for it begins with persons at lower age levels when supposedly they are just making up their minds as to goals and the courses they will have to set to reach them.

The committee wrote the following brief descriptions of these programs:

A *student loan program* designed to alleviate the financial difficulties of medical students and encourage career decisions in favor of medicine by utilizing the principle of a security fund functioning as a cosigning agency to make available through community banks relatively large sums of credit at a low rate of interest to medical students.

A *student honors program* designed to focus attention on careers in medicine, to attract a substantial group of able students to prepare for admission to medical school, and (with a built-in scholarship plan) to assist financially a limited number of outstanding students (selected on a geographic basis) who for financial reasons are unable to pursue an education for a career in medicine.

The usefulness of the loan program is obvious: It has the importance that any sensible plan of financing a need always has.

Perhaps less obvious are some of the resources of the student honors program. The program, as adopted by the House of Delegates, contemplates

a plan that would first present to able secondary school and college students a picture of the great opportunity they could have for the best use of themselves in the profession of medicine, and then would encourage outstanding college students with a sincere interest in a career in medicine to apply for designation as A.M.A. scholars. Some 250 honor scholars would be chosen each year. Besides the honor of being among the elite so designated, the needy among them could qualify to receive A.M.A. scholarships in the form of nonrefundable grants of a thousand dollars a year for four years in medical school. It is anticipated that the A.M.A. would make available $50,000 for such awards the first year, $100,000 the second, $150,000 the third and $200,000 the fourth year and thereafter.

Obviously not all of the honor scholars will need the money award, nor will the money be of paramount importance to either the students or to the uses to which the medical profession can put this part of the plan.

Of far greater importance is the esprit de corps that can be developed among the recipients of the honor. More, the opportunities that representatives of medicine will have to deal with educational leaders, with faculty advisors and with the undergraduates themselves in the description and administration of this program should be very helpful in the recruitment of the exceptional students needed to extend the advances of medical science.

It is to be hoped that the action of the A.M.A. will stimulate other medical organizations—state and county societies, for example—to give local support to the A.M.A. plan or to devise their own programs to be used in their own communities for recruitment of students of high standing. They might well find ways to provide counsel and preceptorship for local young people who are good candidates for medical education. Perhaps even nonmedical community service clubs will give special attention to students of their community who are chosen as A.M.A. honor scholars.

One unimportant but pleasant dividend that comes from the A.M.A.'s action is that it gives rest to the slander, still occasionally heard, that the practitioners of medicine seek to limit the number of new physicians.

Quite apart from the results to be expected of this program adopted by the House of Delegates, the medical profession can take warm pride in the fact that it has acted in its traditional acceptance of a substantial share of the responsibility for the recruitment and education of its successors.

Letters to the Editor...

Your editorial, Relative Value Study, in the October issue of CALIFORNIA MEDICINE, properly gives all due credit to the California Medical Association's major role in promulgating, demonstrating, and disseminating this sensible and important way of relating physician's fees for various services to one another.

Your members who worked out the original 1956 schedule may recall that a fairly complete relative value schedule drawn up by a committee of the Hawaii Medical Association in 1948, under the chairmanship of Dr. Steele F. Stewart, was given to Dr. William L. Bender in San Francisco for such use as the California Medical Association might wish to make of it. It had already been printed, but the Honolulu County Medical Society had achieved a sort of immortality by rejecting it on October 29, 1948, by a vote of 45 to 4, with 45 abstaining. It was rejected not on its merits but as a consequence of an internecine quarrel.

The schedule, which was the brain child of Dr. Stewart, was formulated by a committee consisting of Drs. F. J. Pinkerton, Joseph E. Strode, Joseph Palma and Louis Gaspar. It expressed all fees in relative unit values, with a conversion factor which was intended to rise with the federal cost-of-living index.

As someone has said: Nothing is more powerful than an idea which is expressed at the right time.

Sincerely yours,

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Honolulu